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LEHIGH VALLEY HOSPITAL

Nursing Voice

Winter 1996

From The Editors

Henry Thoreau, poet, author, philosopher, lived amidst nature , believing that man could benefit spiritually and culturally from its beauty. Living in a hut on the shores of Walden Pond, Thoreau allowed his surroundings to fill his thoughts and influence his writings.

"A man is rich," he said, "in the proportion to the number of things he can afford to let alone."

Thoreau is admired and remembered for his devotion to and respect for the natural world.

As a nurse, my surroundings are quite unnatural. There are no gurgling brooks or chirping sparrows. The colors of this place are not lush green or sky blue. And yet, I am surrounded by a precious and rare natural wonder not found in Thoreau's peaceful world—the wonder of the human body and spirit. As an author, I allow the people in my world to fill my thoughts and influence my writings.

Some of these people are the broken and scared human bodies and spirits of my patients. I help them regain the strength to return to their own private surroundings. And with each patient comes a frightened family, who smile to me as I wrap their hands around my patient's hand.

There are many other people. They are, in my eyes, the poets, authors and philosophers of my age, yet unknown. They are my peers, the ones who share my work. The ones who remain devoted to our patients and our profession, creatively involved and in step with a new age.

Thoreau wrote, "To him whose elastic and vigorous thoughts keep pace with the sun, the day is a perpetual morning."

In this issue of Nursing Voice, we share with you some of the bright nurses, who rise with the sun each day, making a difference in our world. They care about the law as it may affect our patients and they learn how to impact legislation with their nursing knowledge. They know that motorcyclists are safer wearing helmets and they travel to Harrisburg in defense of this law. Home care nurses bring their bags of magic and skill into our patient's homes, where they feel safe and loved. It must be rewarding for the cardiac nurses to make post-op visits to their patient's homes. Nurses also must care about their own health and well being . Learn how some nurses relax so that they can keep strong. Some nurses serve the community by volunteering their own time in health prevention and firefighting.

Perhaps you are a philosopher of this age. Perhaps you are poet and don't Know it! Perhaps your work and contributions are more important and meaningful that you imagine. Perhaps you've never realized how much you can share with others. Perhaps you do not see the morning sun that shines on you. Enter the essay contest. Go ahead, and you will see that there is a beautiful world here, too. And it is just as fulfilling as life on Waldon Pond.

Susan Busits O'Neill RN

A Day In The Life...

I am a home care nurse. I practice nursing in a variety of settings. In fact, I practice in many different settings and places each day. I practice in my patient's homes where I don't always have the luxury of knowing what awaits me behind the door I am about to pass through. I love home care nursing. I have a new challenge each day, not the least of which is finding my way to a new patient's home , earning their trust, or helping them overcome their fears of being cared for in the home and not the hospital. Yet there are often questions from others not in the home care field about what I do all day. Please come with me and experience a day in my life.

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Julie Achenbach RN packs her trunk with the supplies for her day on the road.

A Day In The Life... *(from page 1)*

7:45AM - My day begins

I have a new patient to see today. I hope my directions are accurate, I don't want to be late for my first visit with her. She sounded very apprehensive when I called her and I don't want to make matters worse by being late. Mrs. Snyder is a 72 year old woman who has been a poorly controlled NIDDM for several years. She was recently required to start on insulin after being admitted to the hospital with a blood glucose of 750. Today, I'll get to know her a little while we take care of the admission permits, the initial nursing assessment, prepare her medication schedule, do a blood glucose level, and start insulin instruction. I'll find out if she learned to fill syringes while in the hospital and if not, I will demonstrate the procedure but I plan on having her inject herself today. That seems to be the worst part for most people. Once they can "stick" themselves, the rest of the process doesn't seem so bad. But injecting oneself is a priority survival skill at home. She may need my help to master that skill. When winter comes, I'll prefill a syringe before I leave so the patient can take their dose if I am not able to get there due to snow.

We can also review the symptoms and treatments for hypoglycemia while we fill the syringe and give her insulin. And I'll make sure she knows what to eat today -and has the groceries to prepare her meals. I'm sure I will need to do more teaching in order for her to become as independent as she can but that will happen during subsequent visits. If I can accomplish all I need to on this initial visit without overwhelming her, we'll have a good foundation to build upon.

10:15AM - On the road again!

I'm off to see Mr. White now. He's been a patient with Home Care for almost 2 years now. He is totally homebound due to his severe cardiac disease. When we first began to work with him, he was very resistant to our visits. He was trying to hold on to any independence he'd had before and felt that he "didn't need any help" but we have now developed a good relationship. He has come to realize that it is our visits that have allowed him to remain at home. When I find indications of developing problems, I can alert his physician early on who can then make the appropriate adjustments in his medication regimen without having to admit him. Today I will draw his Protime and a Chem7 which I will then take to the LVH lab so that the results can be faxed to his MD this afternoon.

11:00 AM - Alone in the car with my thoughts

Well, Mr. White's blood specimen is in my cooler, so I can stop at Sammy Smith's to redress his wound. Sammy's a 15 year old who was the victim of a gunshot. We have been redressing his wound daily for 10 days now but today I am thinking that the progress has stalled. It just doesn't seem to be healing the way I think it should. I think we need some help on this one. When I get back to the office, I'll consult one of the Enterostomal Specialists. She will be able to assess his wound and will contact the physician if she feels a change in the treatment would help. Between the three of us we will develop a wound care plan for Sammy that will ensure the best results. The ET nurses in home care see most of the patients requiring in-depth ostomy instruction and are available for consult for patients with complex or poorly healing wounds. Once the wound care plan is established, they will periodically visit the patient to evaluate the progress or adjust the treatment as needed. They are a great help to us!

12:00PM - This traffic's going to kill my schedule

Well the labs are safely at the lab and now am on my way back to Whitehall, a real treat with Route 145 under construction! My next patient had a hip replacement followed by a stint at Good Shepherd Rehab Hospital. I'm going to remove his staples today and continue instruction in home safety. I plan to see him again at the end of the week so I can assess his incision and evaluate his learning of safety precautions and of symptoms he should report to his doctor. I think he will then be ready for discharge from skilled nursing. The Home Care physical and occupational therapists will continue to visit him and will help him work toward independent mobility as per his orthopedic surgeon.

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A New Career???? *(from page 4)*

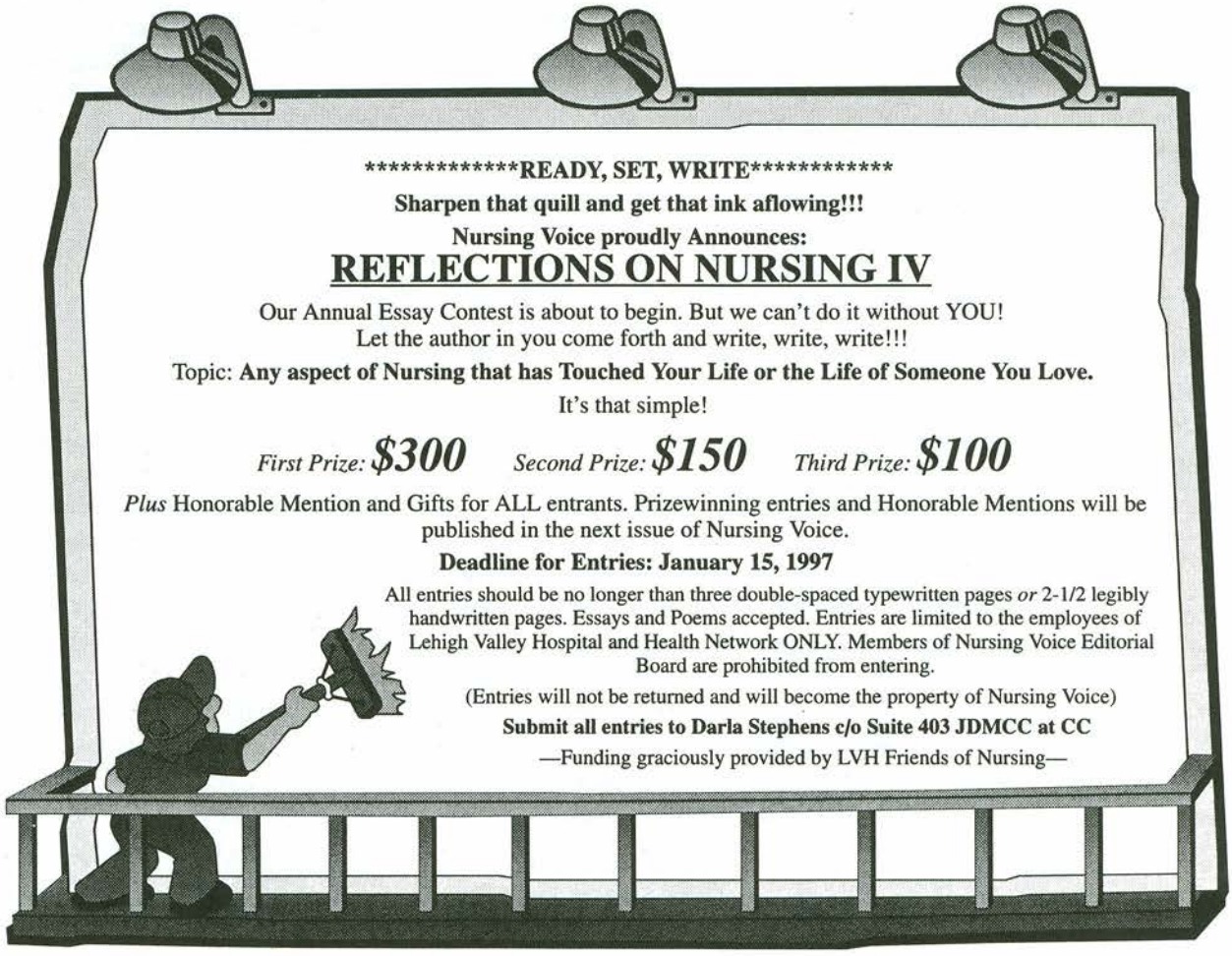
What an adventure the week turned out to be! The weather was cold and rainy (who had prepared for that?), the YMCA showers turned out to be in a deserted marine barracks with cold water only (I found out that some paints do not come off body parts without hot water!), the school had been newly air conditioned (it was the coldest I'd ever been in June!), and some of the teens insisted on holding a week long 'Who Can Kill And Eat The Most Flies' contest (fortunately it wasn't my group!).

But despite our minor inconveniences, by the end of the week we had painted "our home's" exterior trim and shutters, built a railing, turned a garage into a family room, painted two bedrooms, a hallway, a stairway, five legs,four arms, a nose and some other parts of the body I do not care to mention. And I was able to accomplish this all with the unfaltering dedication of six teens and four kittens, who started out black and white and ended up rainbowed! And lest I forget to mention the REAL painter who stopped by each day to help us formulate a game plan on what to paint not who!

The light at the end of the tunnel was to be the white water rafting trip that was planned for the teens. But in keeping with the rest of the week, the trip was rained out and we had to settle for a showing of Walt Disney's ' Pocahontas'. A meager substitute for 150 teens who *really* wanted to go rafting!!!!

By the week's end, the grateful family we had come to help and gotten to know had a better home and each of us left with the greatest feelings of pride and accomplishment that we had ever known. We all instantly vowed we would do it again in a minute. However, next time I go as the nurse!!!

Louise Oswald RN



"Pushing It Off..."

It all started with a question. Mary Jean Potylicki, clinical nurse facilitator-4C, has worked with cardiac patients since graduation from nursing school. Over the years she has cared for many patients suffering from congestive heart failure (CHF). Often they were the same patients over and over again, having had recurrent hospitalizations for the same reason-CHF. Mary Jean frequently wondered what it was that precipitated these recurrent admissions. They all seemed so similar yet so different. As she listened to her patients, she began to hear what sounded like very similar stories. So rather than continue wondering, Mary Jean decided to formally investigate her "hunches" by conducting a research project that would answer her question: "Does a patient have clues that something is going wrong *before* the signs and symptoms of CHF occur causing hospitalization?"

Mary Jean's review of the literature supported what she had already guessed from her experiences; that CHF is not only a common reason for hospitalization of the elderly but also an expensive health care problem (Kegel, 1995). She found that CHF is responsible for high mortality rates (Funk, 1993) and accounts for approximately 400,000 deaths each year (Massie & Packer, 1990). While that information helped Mary Jean grasp the magnitude of the problem, it didn't answer her question—do patients *know* when they are heading for trouble? Mary Jean wanted to be able to help her patients avoid hospitalization. She hoped that, through her research, she would obtain information that would permit nurses to attain a deeper sensitivity to and knowledge of the ramifications of the disease. By sharing her findings and educating other caregivers, Mary Jean hopes that CHF patients may have earlier symptom management, decreased hospital stays and improved quality of life, all desired outcomes in today's health care environment.

Mary Jean then told me a story. "It was an early evening after the blizzard of '95," Mary Jean related. "I was driving alone down a rutty snow covered dirt road leading to Mary's house. As I opened the outer porch door and cautiously knocked on the front door of the house, I was startled by a dog sitting next to me. Fortunately, Mary was waiting to greet me and the door soon opened. As I entered her living room, we chatted briefly about the weather and then about her health. During our conversation, I began my research. I asked Mary to think back to her last bout with congestive heart failure. I asked her to tell me if she knew she was getting into trouble and when and how she knew. Mary then began to tell me her story of the time before she last went to the hospital, before her CHF worsened...."

This was the way in which Mary Jean gathered the information she needed for her research. She visited patients and she listened to the story of each one. She observed the psychosocial aspects of their life and tried to discover patterns leading to her theory that the patients somehow knew when something was wrong. However her criteria was strict and only seven out of 146 patients she assessed met her sample criteria and agreed to tell her their story. Mary Jean interviewed those patients within three weeks of their CHF event . She recorded the interview sessions. She then used the audiotape to code and analyze the information. Mary Jean used a grounded theory approach (Glaser and Strauss, 1967) in her research and tried to discover patterns in what her patients were telling her in order to support her theory; that CHF patients know when they are heading for trouble. Common phrases emerged from the patient's stories which Mary Jean called 'processes' (defined as observable facts or events). Four processes were identified by the study patients; those being 'not feeling right', 'pushing it off', 'getting help', and 'adjusting'.

"Not feeling right"

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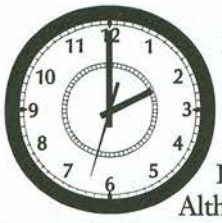
A Day In The Life... *(from page 2)*

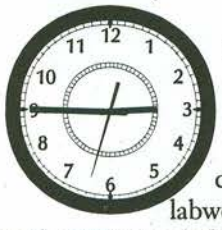
12:45PM - Where did the time go?

Now I have arrived at Mrs. G's. She's a feisty little lady of 101 years. Her mind is still very much intact and oriented, but a stroke last year has gradually forced her to become bedfast. Her granddaughter is caring for her with the help of a home health aide. We've taught her granddaughter how to position her grandmother and how to apply duoderm to her sacrum. I'll assess the status of her sacrum and see how Mrs. G is doing on her oral intake. While it has improved since we decided to start her on pureed foods and supplements it is still a concern. I'll need to update the home health aide's assignment on this visit (the state requires RN supervision of the home health aide at least every 14 days). I will make sure the aide is following the plan of care I have given her and that the care she is providing meets the needs of the patient and her caregiver. RN visits are scheduled weekly to evaluate Mrs. G's status and to provide support and education for her family caregiver. At some point soon Mrs. G's family will need more help than Home Care is able to provide and at that time, one of our medical social workers will be able assist them to access other community resources. I will need to be especially tuned into the family dynamics so I can suggest additional help for them *before* they are overly stressed by caring for their loved one.



2:00 PM - Down the home stretch!

My last patient for today is Mr. Black, a 45 year old receiving IV antibiotics for osteomyelitis. Although we taught his wife to give his Ancef, she works full-time and needs our help. She gives him his first dose at 6AM before leaving for work and also gives the last dose at 10PM. Mr. Black is unable to help since his arm is affected by his disease and splinted. We give the 2PM dose, redress his PICC line, and draw his weekly CBC.



2:45PM - Wrapping it up

Well, I should be at back to the office by 3:15. I have a few things to catch up on. I need to check on the results of Mr. White's labwork and fax them to his doctor, put in the ET consult for Sammy, touch base with the physical and occupational therapists about the progress of our mutual patient, finish charting and update my patient's care plans. I must also call Mr. Black's insurance company to precertify additional home care visits and speak with the Medicaid Utilization Nurse so that she can update Sammy Smith's case manager. Without detailed information, private insurance and Medicaid may not authorize the necessary visits. The primary home care nurse is responsible for tracking the dates for insurance precertifications as well as scheduling all RN and home health aide visits. I may also try to talk to with an aide about a patient I wasn't scheduled to see today but see other days and call the doctor about Sammy's wound. Last but not least, I will give the nurse who is scheduled to see Mrs. Snyder on my day off a report on the progress we made today and the status of her teaching plan. And I'll finish all this by 4:30? I just hope I have enough gas to get home!

Author's Note: These patients and situations are composites of actual cases. I have visited patients as young as 24 hours to as old as 101 years. I have visited patients with an amazing variety of diagnoses and I have truly enjoyed it all. While Lehigh Valley Home Care has been a hospital department since 1962, we visit patients referred by many physicians and hospitals throughout our region. We often visit patients who are returning home after receiving care out of our area. Our staff includes RN's, home health aides, social workers, physical, occupational and speech therapists. Home health nurses must be able to function independently in the home, away from the resources one has at their fingertips in a hospital setting. While Home Care has specialists in wound care, pediatrics, psychiatry, and rehabilitation who are wonderful resources for us, they are not in the home with us and so each nurse must rely on their own knowledge and skills. They must adapt quickly to unexpected situations and be creative to meet the patient's needs with whatever is on hand in the home you are in.

Every home health nurse quickly learns that there are very few certainties about Home Care. One is the unpredictably. The other is that home care nurses are never bored and are always deeply satisfied with the impact their visits and care have on the patients and families they serve.

Darla Stevens RN

A New Career????

Each summer I try to spend some time as a nurse volunteer for organizations such as the Girl Scouts, Boy Scouts, or church camps. Wherever I end up volunteering usually depends upon who asks me first. So, as the summer of 1995 approached, I figured it would be 'the usual', I just didn't know where. How wrong I was!!

My niece, Lauren, who knows how much I enjoy being a camp nurse, asked me if I would volunteer with her youth group in Burke, Virginia. Lauren's youth group had agreed to participate in a work camp project very similar to Habitat for Humanities. The teens would spend a week repairing homes for the poor. Some would repair roofs, paint the exteriors or interiors of homes, build porches, repair steps, build ramps for the handicapped. This seemed to me a very worthwhile cause and never having been to camp in Virginia, I agreed without hesitation. Of course the fact that Lauren had done the asking may have had something to do with my willingness to travel to Virginia to be a volunteer!

The folks organizing the project soon contacted me regarding the orientation day I would need to attend. I was very impressed that there was a day of orientation for the adults who would be involved with this project, however the orientation was in Virginia and I was in Pennsylvania which posed a significant problem. I *really* didn't feel I needed an orientation to be a nurse (since its been my *job* for a number of years) so I politely declined and attempted to excuse myself from the festivities. Well, come to find out, I had NOT been assigned to be one of the nurses as I had believed I was, but as a WORK GROUP LEADER for one of the thirty groups of teens who would actually be **doing** the project work! The project already had it's quota of three nurses for the week, I was told, so I was not needed in that capacity. Needless to say, the phone lines were buzzing that night! I immediately called Lauren who calmly told me, "Oh, yeah, I forgot to tell you they didn't need you to be a nurse. But I told them you'd help out anyway, though, since you had lots of experience." I didn't know exactly what experience *she* was talking about...I've never built a porch or put on a roof in my life! Give me a cut, a scrape, a fracture and I'm fine; but tools and ladders are not in my bag of tricks! Somehow I was getting the impression that my experience with ventilators was not going to help me here! Needless to say, I agreed to attend the orientation.

What happened next can only be described as an out take from an episode of "Home Improvements". At orientation I learned that my group and I, of which Lauren was fortunately one, would spend the week living in an elementary school along with 150 other teens and 50 other adult leaders. The adults included the three nurses, any one of which I would have happily bribed to trade places with me! Our shower facilities were at the local YMCA and we could make up our bed anywhere we wanted on our designated non-air-conditioned classroom floor! What had I gotten myself into? Better yet, what had *Lauren* gotten me into?

Well, having been properly oriented and equipped with my tool kit, paint brushes and tarp, I headed south to the heat, humidity and my paint job assignment! (At least God was on my side when the assignments were handed out. I could not have imagined myself spending a week on a roof!) I had prepared for the worst, packing throw away clothing in my duffle bag. This was definitely a no frills kind of trip!

Louise Oswald RN, with niece Lauren, getting ready for a new career. Home Depot here we come!

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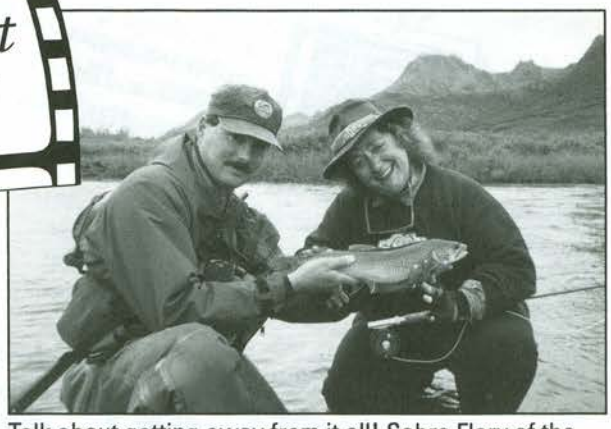
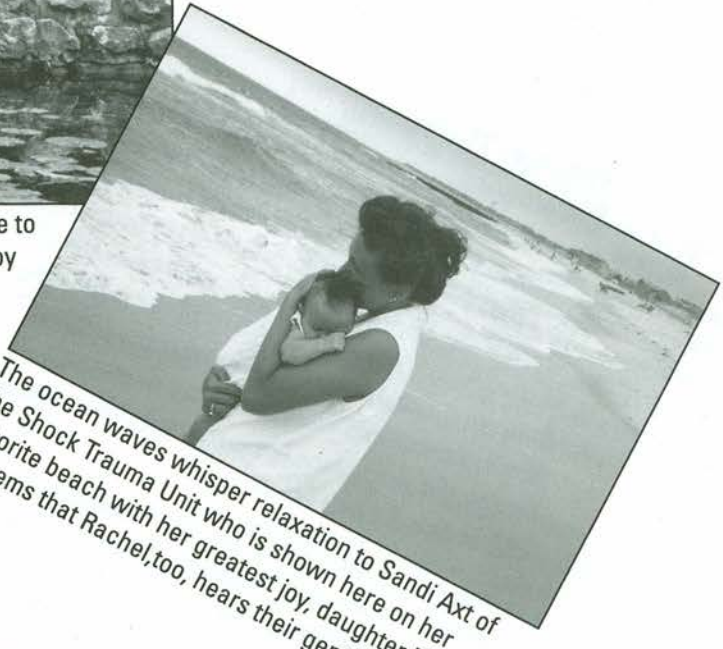
were hard pressed to decide which one pictured relaxation best. So we took the easy way out. We liked them all so much we gave them all a prize! Congratulations to all our very relaxed winners!



Talk about getting away from it all! Sabra Flory of the Shock Trauma Unit couldn't have gotten too much further away without leaving the country!! Sabra ,along with 3 other ladies and 2 bush guides, spent an incredible August week hiking the bush and tundra of Southwestern Alaska and flyfishing for salmon and trout in such pristine waters as Bristol Bay, Bering Sea and Good News Lake where this picture was taken. Sabra(R) is shown here with bush pilot-guide Don Michels (L) and fish (C) after what appears to be a successful flyfishing excursion.

The Allentown Rose Garden is the place to relax for Lucy Brown of the Mother Baby Unit and her companion. Gazing at the peaceful lily ponds helps restore the spirit and offers a welcome respite from the hustle and bustle of life.



The ocean waves whisper relaxation to Sandi Axt of the Shock Trauma Unit who is shown here on her favorite beach with her greatest joy, daughter Rachel. It seems that Rachel,too, hears their gentle lullaby.

Speak Out...

Are our nurses involved in their community??? You bet they are! We asked you to SPEAK OUT and let us know just what you do for your community and you did! Here is how some of our readers have gotten involved in serving their community:

Health Ministry

Assumption BVM Church counts their blessings that Charlotte Buckenmeyer, RN is a member of their congregation. As part of their "Health Ministry", Charlotte helps to write a health message which is included in their weekly bulletin. After each Sunday's mass, she offers blood pressure screening to Assumption's members.

Charlotte was in the thick of things when a "health mini" fair was held for parishioners. The fair included cholesterol screening and instruction on breast self exam. Foot exams by a podiatrist were also available. A key focus was healthy eating with plenty of low fat food samples provided.

Charlotte's future plans with Assumption include a larger health fair in the spring as well as home visits for the sick.

Volunteer Fire Woman

Following the tradition of her grandfather, father, uncles and sister, Linda Reinhart, RN has served her community as a volunteer firefighter since the age of 16. Linda's volunteer responsibilities are many, one of which is the extrication of motor vehicle accident victims from their vehicles. Many of the people she frees are then taken to LVH for treatment. So far, Linda, a nurse in STU, has not had to personally care for any the victims she has extricated although she knows that day will come.

Linda enjoys carrying on the family tradition and especially treasures the feeling of closeness inherent to firefighters. "They are like family. When you are at one end of the hose and someone else is supporting the other, you really learn to trust one another. It can mean someone's life," remarks Linda.

Eagles Camp

LVH nurses at Eagles Camp 1996.

LVHHN was a proud sponsor of the Eagles training camp held at Lehigh University last summer. And our nurses were there! As part of the month's festivities, our nurses, along with many other community organizations, provided an array of health related services and information.

The Professional Nurse Council had an overwhelming response to their blood pressure screening efforts. Cardiac Services provided diet and exercise tips for a healthy heart and lifestyle. Cardiac risk factors and what can be done to reduce them was highlighted in the information they shared. The Trauma Program was present with safety information for bicyclists and roller bladers. Proper use and fit of bicycle helmets was demonstrated and safety tips were given to parents. The Geriatric Interest Network could hardly

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Pushing It Off... *(from page 6)*

In the process of 'not feeling right', all seven patients reported vague symptoms such as "..it wasn't a pain, it was a funny feeling. I was depressed." They reported gradual symptoms like, "...I was tired", "..I knew my legs had this fluid..", and "I just didn't have any get-up- and-go." They offered reasons for the progression of their symptoms such as "if I get off my diet, I'm in trouble." Mary Jean found that previous experiences with CHF contributed significantly to the patients moving into the second process of 'pushing it off'.

During this process, common feelings were those of "thinking it would go away by itself" and "I just kept pushing it off" . Some comments pointed to a sincere dislike of going to the hospital, "I'm there for three or four days and I don't like that," and patients tried to avoid the inevitability of that step. Surprisingly only one patient, an 89 year old woman who lived alone, sought immediate help. However all patients at one point or another moved into the next process of 'getting help'.

"Getting help"

Reasons for 'getting help' ranged from fear to relief. With their symptoms progressing, patients arrived at a point where the knew they had to take some action if the outcome was to be favorable. "I knew I would need oxygen, so that's why I called the ambulance," and "I called my son and he asked me if I had called 911. And after I said yes, we called my doctor," are two indications that patients knew when help was needed. In all cases 'getting help' led to a hospital stay of two to nine days. The end of the hospitalization signaled the beginning of the fourth process, that of 'adjusting'.

In all but one of the cases Mary Jean studied, the patients altered their lifestyles and appeared to learn from their CHF experience. Indications that patients were adjusting were comments such as " I've lost some weight, the diet is all back on track, my medicines are all in line and taken at the exact times. I feel that is a key to keeping in good health with a heart problem," and "I've learned that if I don't take it (nitroglycerine patch) right, I pay the cost." Some patients seemed to move toward acceptance of their condition admitting "I have to run a little bit, slow down and get my breath, and then not run for awhile," while others showed their frustration at the knowledge that they were "going to have to spend the rest of their life like this." And some looked ahead with a feeling of hope for the future, "I expect to plant my garden this year, I mean we do, it just won't be as big as other years!"

So what did Mary Jean learn from this study? She learned that there was no single symptom that emerged as a universal sign of impending compromise; that each patient responds to the CHF experience in their own unique way. She did find however that staying out of the hospital was a dominant concern for all patients. Mary Jean's study indicates that nurses are essential to helping patients to accomplish this goal by taking the time to listen to the concerns of their CHF patients, to offer emotional support, and to arrange social service and family support to help them to adapt to this chronic disorder. Additionally Mary Jean's research sends a very important message, that further research regarding what CHF patients experience as

"Adjusting"

well as outcomes research related to nursing interventions are avenues by which nurses can position themselves as integral in providing quality , cost effective care to this patient population.

Author's note: This is just a very brief overview of the process and results of Mary Jean's research study. More detailed information of this qualitative study lies with Mary Jean. I would encourage all readers to call her and experience the excitement I felt and saw as Mary Jean told me "her story" of her research experience. The excitement is contagious!

Barbara Moyer RN

TOHU Nurses Go Home

Reia Barber RN prepares her patient for discharge and her home visit.

In May of 1995, a unique community outreach program was designed and piloted by the LVH Department of Patient Care Services, the divisions of Cardiac Surgery and Cardiology, and LVH Home Care. This program was developed in order to accelerate the discharge of patients who had successfully undergone uncomplicated cardiac bypass surgery. This was to be accomplished by providing one skilled nursing home visit to those patients two or three days post discharge. The nurse making the visit would be a member of the TOHU staff who, on that visit, would perform a basic nursing and educational assessment in order to evaluate the patient's progress at home. If a problem was identified on the initial visit, the physician would be notified. At that point, the patient would be either transferred to the traditional home care program for further follow-up or be readmitted to the hospital.

The pilot for this program proved very successful both in shortening hospital stays and in improving patient satisfaction. Additionally, patients experiencing unexpected problems at home benefitted from early assessment and intervention. As a result,the program has continued well past its initial pilot phase and has developed into a formalized program.

During the pilot phase of the program, the home visits were made by one TOHU nurse. As it became clear that the program was to be continued, additional TOHU nurses were oriented to complete home visits. As part of the visit, patients are given instructions regarding signs and symptoms that would signal impending problems along with the TOHU telephone number which they can call for help or advice.

While the benefits to the patients were well known , little was known about the benefits to the nursing satff involved in the program. Had the CABG home program had any impact on day to day practice of the nursing staff or on their job satisfaction?

Reia Barber, was the first CABG home nurse. Reia continues to conduct the majority of the visits. In a recent interview Reia confided that before the program began, she had always felt confident that the patients she sent home from the hospital were well informed regarding their care and medications post discharge. After being involved in this program, Reia now knows differently. She has found firsthand that most patients remember only bits and pieces of the discharge instructions they received in the hospital. Many patients cannot find their discharge instruction sheets and sometimes have trouble recalling that they ever received written instructions. Reia reports that this knowledge has caused her to rethink the way in which she does her predischarge teaching of hospitalized patients. She admits that prior to now she didn't regularly include those items that other nurses had 'signed off' as done. But not any more. Reia is now a firm believer that "you can't repeat instructions too many times. Repeat. Repeat. Repeat." She concludes that because the patient is more relaxed in the familiar surroundings of their home and there are less interruptions, he or she can learn more efficiently with better retention. This theory is validated, according to Reia, during the second home visit or follow-up telephone call when the patient is able to give her correct verbal feedback regarding their care and /or medications.

Kathleen Sullivan, Director of the Open Heart Unit, tells us that patients welcome the visit from the nurse. When Kathleen made a home visit, she observed that the patient seemed to pay closer attention to the nurse and had more eye contact at home than in the hospi-

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Speak Out... *(from page 10)*

keep up with the demand for the "Vial of Life" they were offering to the elderly. The "Vial of Life" is an emergency preparedness device in which individuals place a record of their medical history and current medications. The plastic tube-like device is then stored in one's refrigerator or freezer. On the outside of the fridge a magnet calls attention to the fact that the "Vial of Life" is present inside. Emergency medical personnel can easily retrieve the information in the event the individual is unable to provide the needed information in an emergency.

Macungie Band

Tracey Berlin, CNS and Juliet Geiger, STU help to "strike up the band" in Macungie.

Tracey Berlin and Juliet Geiger, both RNs, are flute and piccolo playing members of the Macungie Band. The band keeps the community's toes tapping with their musical renditions at a variety of community related functions.

Members of this band share a warm sense of camaraderie and spirit. When one of the members underwent open heart surgery and was forced to spend Christmas in our own Transitional Open Heart Unit, several members of the band arrived on Christmas Eve with instruments in hand to lift the spirits of the recovering clarinetist. The gesture not only helped clarinetist but did wonders for the other patients as well!! Tuesday night practices seem more like a privilege to both nurses who feel very lucky to be a part of such a musically gifted humanitarian group of individuals.

A Life Giving Community

Rev. Myles with residents of Arden Court.

Reverend Richard Myles is a mental health technician on 6N. He is also a Priest of the Anglican Catholic Church. In his 'free' time, Rev. Myles can be found volunteering at Arden Court in Allentown where he has the honor of administering the Holy Sacrifice of the Mass and other sacraments to the residents. Arden Court is a rather new facility which is dedicated to caring for victims of Alzheimer's disease. Arden Court offers assisted living for its residents in an atmosphere which promotes dignity, self respect and self care.

In addition to saying mass with the residents, Rev. Myles also allows them time for sharing past life experiences with each other. This helps to restore purpose and meaning to their life as they battle to cope with the potentially devastating effects of Alzheimer's disease. Rev. Myles feels privileged to be able to serve this community of such open and loving individuals. "Life is worth giving," says Rev. Myles.

Mae Ann Fuss RN
Cathy Webber RN

TOHU Nurses Go Home *(from page 8)*

tal. Family members, too, seemed to be more relaxed when removed from the intimidating environment of the hospital. The families are able to participate more in the learning process and sometimes stand behind the patient using charades to let the nurse know when the patient might be gliding over something of significance. Substitutes for Reia, we are told, frequently ask her when she has her next scheduled time off so that they may make visits to the patients at home. "This is what nursing was really supposed to be," says Sullivan, "teaching and talking to our patient."

Cindy Rothenberger, Clinical Nurse specialist is pleased with the impact that the CABG home program has had on the inpatient care and teaching. Cindy points out that in-hospital patients can now be seen as a part of the continuum of health care extending from the community and returning to the community. It is a great example of the benefits both the hospital and the community can reap as a result of the combined creative energies of individuals.

Darla Stephens RN

Legislative Corner

It doesn't take a rocket scientist to know that the use of helmets, whether bicycle, motorcycle or rollerblade, saves lives and protects our most complex and delicate organ, the brain, from injury. But believe it or not, there are many individuals that beg to differ with this fact.

In the legislature there currently is a bill (Senate Bill 165), which seeks to amend the state vehicular code by repealing the mandatory use of motorcycle helmets. The individuals supporting this repeal legislation submit that a person 21 years of age or older, who has been licensed to operate a motorcycle for at least two years and who has completed a motorcycle safety education course , should be able to choose to exempt themselves from wearing a helmet.

Numerous studies have shown that the incidence of motorcycle crash fatalities as well as the number and severity of head injuries has been significantly reduced due to mandatory helmet laws. According to statistics of the Pennsylvania Trauma Systems Foundation, 2,532 victims of motorcycle accidents were cared for in the commonwealth's accredited trauma centers within a four year period (1992-1995). Without helmets, many of those people would have died at the scene. According to a recent JAMA study's rate of fatality, 974 of those treated would surely have died had it not been for Pennsylvania's mandatory helmet law. One is left only to guess at the number that would have endured the devastating lifelong results of severe head trauma had it not been for their helmets.

In these times, when health care is more difficult to obtain than ever and increasingly more expensive, one would wonder why anyone would want to knowingly *increase* their chance of needing health care services? Our state's lawmakers recently passed legislation that attempts to protect young children from head injury by requiring the use of bicycle helmets for those under the age of 12. Yet the same legislators propose to allow adults, who are at just at much risk or greater, the opportunity to decide not to wear a proven protective device when traveling at far greater speeds on our state's roads and highways. And we are supposed to think there is logic in that thought process. How can we expect children to believe in the use of helmets for bicyclists, when they see motorcyclists in active contradiction? Do the lawmakers have an answer for that?

Your action is needed to prevent this repeal from becoming a reality. Please contact your state representative to voice your opposition to SB165. There are lives depending on you!

Mae Ann Fuss RN

Nursing Voice is published quarterly by the Department of Patient Care Services, Lehigh Valley Hospital. For additional information, call 402-3000.

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